

APPLICATION FOR BUSINESS LICENSE

CITY OF CALEXICO
608 HEBER AVENUE
CALEXICO, CA 92231
PHONE (760) 768-2120 FAX (760) 768-3662

THIS IS NOT A BUSINESS LICENSE, OPERATING WITHOUT A BUSINESS LICENSE IS A VIOLATION OF THE LAW (CITY OF CALEXICO MUNICIPAL CODE BOOK SECTION 5.04.010)

APPLICATION IS HEREBY MADE FOR A LICENSE TO CONDUCT AND CARRY ON THE BUSINESS OF:_____

BRIEFLY DESCRIBE TYPE OF BUSINESS TO BE CONDUCTED:_____

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS:_____

CITY _____ STATE _____ ZIP _____

TELEPHONE #'s _____ HOME _____ BUSINESS _____

SSN# _____ SEIN# _____

FEIN# _____ BEAN# _____

OWNERSHIP TYPE (PLEASE CHECK ONE)

_____SOLE PROPRIETOR_____, _____PARTNERSHIP_____, _____CORPORATION

OWNER'S NAME_____

OWNER'S ADDRESS:_____

CITY _____ STATE _____ ZIP _____

LICENSE FEE IS BASED ON ANNUAL GROSS RECEIPTS OF BUSINESS:

GROSS RECEIPTS: _____ YEAR _____ BUSINESS START DATE _____

THE FOREGOING ANSWERS ARE TRUE _____

SIGNATURE

For Office Use Only

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 2000

SIC CODE# _____

CITY CLERK

**I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING
DECLARATIONS:**

☐

I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELFINSURE
FOR WORKERS' COMPENSATION, AS PROVIDED BY SECTION 3700, FOR THE
DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS
LICENSE IS ISSUED.

☐

I HAVE AND WILL MAINTAIN WORKERS' COMPENSATION INSURANCE, AS
REQUIRED BY SECTION 3700, FOR THE DURATION OF ANY BUSINESS
ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

MY WORKERS' COMPENSATION INSURANCE CARRIER AND POLICY NUMBER ARE:

CARRIER: _____

POLICY NUMBER: _____

☐

I CERTIFY THAT IN THE PERFORMANCE OF ANY BUSINESS ACTIVITIES FOR
WHICH THIS LICENSE IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN
ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS'
COMPENSATION LAWS OF CALIFORNIA, AND I AGREE THAT IF I SHOULD
BECOME SUBJECT TO THE WORKERS' COMPENSATION PROVISIONS OF
SECTION 3700 OF THE LABOR CODE, I SHALL FORTHWITH COMPLY WITH
THE PROVISIONS OF SECTION 3700.

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS
UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES
AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF
COMPENSATION DAMAGES, INTEREST AND ATTORNEY FEES, AS PROVIDED
FOR IN SECTION 3706 OF THE LABOR CODE.**